

Washington's Behavioral Health Workforce Assessment: Input from Key Informants

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EXECUTIVE SUMMARY

BACKGROUND

In July 2016, Governor Jay Inslee tasked the Workforce Training and Education Coordinating Board (WTECB) to assess the behavioral health workforce in Washington State. As Washington moves toward greater integration of behavioral health and physical/medical care, the WTECB has been charged with creating an action plan to address behavioral health workforce challenges and training needs to facilitate this emerging integrated healthcare model.

The first phase of this assessment identifies barriers and short-term solutions related to Washington's behavioral health workforce. These findings were informed by a series of meetings with stakeholders and interviews with key informants, the latter described in this report. Longer-term solutions to the barriers identified here will be evaluated during the project's second phase in 2017.

The University of Washington Center for Health Workforce Studies (UW CHWS) team conducted the key informants survey in Fall 2016. Potential key informants were identified by the UW CHWS, with input from a wide range of experts. Key informants included clinicians, administrators, advocates, educators, and regulators serving in mental health and chemical dependency inpatient and outpatient facilities, hospitals, schools, and private practice settings. Telephone interviews and online surveys were conducted with 41 key informants over the course of seven weeks. Participants were asked about barriers and solutions, recruitment and retention challenges, and training needs related to the behavioral health workforce in Washington. Additional probes expanded on specific settings, occupations, and incumbent versus new workers' needs.

This report summarizes the common themes related by the key informants, and provides further background to the workforce-related challenges to providing behavioral health care in Washington.

KEY FINDINGS

Barriers: Key informants described a wide range of barriers that affect behavioral health workforce recruitment, retention, and quality in the state. The most commonly mentioned were:

- Limited availability of quality supervision
- Too few professional development opportunities
- Administrative requirements that compete with patient care
- Limited resources to access education and clinical training
- Low reimbursement rates

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Challenges in Settings and Occupations: Key informants described many healthcare settings where it is difficult to recruit or retain behavioral health workers, as well as shortages among specific occupations. The most commonly mentioned settings were:

- Rural facilities
- Residential facilities
- Community mental health centers

The most common occupations mentioned were:

- Chemical dependency professionals and addiction specialists
- Psychiatrists
- Other occupations able and trained to prescribe pharmaceutical treatment for mental health and substance use disorders

Challenges in Education and Training: This was an important topic for key informants, who described many barriers and recommended measures for improving workforce education and training. The most commonly mentioned challenges were:

- Education in evidence-based practice and integration of behavioral health with physical health care
- Too few clinical training sites and trained supervisors
- Continuing education opportunities for the behavioral health workforce

Recommendations: Many of the workforce-related recommendations to improve behavioral health care suggested by key informants were specifically targeted to identified barriers. The most common themes were:

- Increase Medicaid reimbursement rates
- Expand opportunities for programs that provide loan repayment in exchange for service
- Better leverage the use of telemedicine and telehealth to address workforce gaps
- Increase access to clinical training sites and residency opportunities
- Increase the availability of quality clinical supervision
- Increase resources for continuing education and training support

SUMMARY

Major workforce-related barriers to providing behavioral health care described by key informants include pay, rural location, quality education and training resources, opportunities for advancement, and general burnout due to high caseloads working with complex, high-need clients. These challenges leave many employers with inadequate resources to attract and retain a high-quality workforce to deliver necessary behavioral health care services.

Several key informants stressed that only by prioritizing behavioral health and recognizing its value can long-term, actionable solutions be effected. This assessment is one among a number of efforts underway in Washington to improve access to and effectiveness of behavioral health care, and should help inform changes to improve the ability of the state to meet increasing behavioral health care needs.

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ACCESS THE REPORT:

The full report "Washington's Behavioral Health Workforce Assessment: Input from Key Informants" can be accessed at: <http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2016/11/WA-BH-Key-Informants-FR-2016-Nov.pdf>

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